2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000058491

Address:

City-St-Zip:

5312 DUNE DRIFT DRIVE

WEST OLIVE, MI 49460

Entity Name: COASTAL STEVEDORING COMPANY

FILED Apr 29, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 100 TERMINAL DRIVE FORT PIERCE, FL 34946 **Current Mailing Address: New Mailing Address:** 100 TERMINAL DRIVE FORT PIERCE, FL 34946 FEI Number: 31-1815802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KENNETH, ROBERTS KENNETH, ROBERTS 100 TERMÍNAL DRIVE 100 TERMÍNAL DRIVE FORT PIERCE, FL 34946 FORT PIERCE, FL 34950 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: 04/29/2003 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PD () Delete Title: () Change () Addition DEAN, KING Name: Name: 672 PARK AVE Address: Address: City-St-Zip: HOLLAND, MI 49423 City-St-Zip: Title: VD Title: () Change () Addition () Delete Name: DAN, DYKGRAAF Name: 555 LOCUST DR Address: Address: HOLLAND, MI 49423 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition KENNETH, ROBERTS Name: Name: 100 TERMINAL DR Address: Address: City-St-Zip: FORT PIERCE, FL 34946 City-St-Zip: Title: () Delete Title: () Change () Addition RANDY, KING Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

	SIGNATURE: [DEAN KING	PD	04/29/2003
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